

F A C S I M I L E C O V E R S H E E T

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GROUP 1600

TO: Examiner Ungar (TC 1600)

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FAX NUMBER: 703-872-9307

ATTORNEY DOCKET NO.: DEX-0079

SERIAL NO.: 09/622,776

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MESSAGE: Attached for filing please find our Reply under 37 C.F.R. 1.116. Kindly forward confirmation of filing receipt.

KATHLEEN A. TYRRELL, Registration No. 38,350

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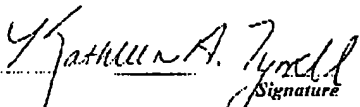
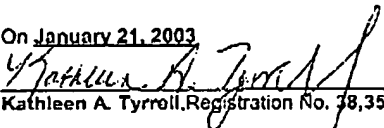
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Bureczak et al.			DEX-0079
Serial No. 09/622,776	Filing Date August 23, 2000	Examiner Susan Ungar	Group Art Unit 1642
Invention: Methods of Using PLA2 as a Marker of Metastases and for the Diagnosis of Selected Cancers			
<p>I hereby certify that this _____ <u>Reply under 37 C.F.R. 1.116</u> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9307</u>)</p> <p>on <u>January 21, 2003</u> (Date)</p> <p style="text-align: center;"><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u>Kathleen A. Tyrrell</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0079	
Applicant(s): Burczak et al.					
Serial No. 09/622,776	Filing Date August 23, 2002	Examiner Susan Ungar	Group Art Unit 1642		
Invention: Methods of Using PLA2 as a Marker of Metastases and for the Diagnosis of Selected Cancers					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kathleen A. Tyrrell, Registration No. 38,350			Dated: January 21, 2003		
LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			Certificate of Facsimile Transmission I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below. On <u>January 21, 2003</u>  Kathleen A. Tyrrell, Registration No. 38,350		
CC:					